

1250

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH **Arizona** **CERTIFICATE AND BIRTH** **ARIZONA STATE BOARD OF HEALTH**
County of Yuma **SEE NOTATION** **BUREAU OF VITAL STATISTICS** State Index 110
District of Globe **ORIGINAL CERTIFICATE OF BIRTH** Co. Register No. 12
Town of Globe **Child's name + Father's name** Local Registrar's No.
or Globe **amended per Aff. of Reg. & Appl.**
City of Globe **For S.S. # 12-15-36 (6-25-38-28)** Ward)
FULL NAME OF CHILD Florence Margaret Valerio { Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } NO
Sex of Child Female Twin, Triplet or other ✓ and { Number in order of birth ✓ Legitimate? Yes Date of Birth Jan 14 1915
FATHER Full Name Battista Valerio Residence North Globe Color or Race White Age at last Birthday 37 (Years)
MOTHER Full Maiden Name Josephine Passae Residence Name Color or Race White Age at last Birthday 34 (Years)
Birthplace S. Torno, Italy Occupation Mines
Birthplace Name Occupation Housewife
Number of child of this mother 6 Number of children, of this mother, now living 4 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child; and that it occurred on Jan 14 1915, at 10³⁰ 9 M.
{ *When there is no attending physician or midwife, then the householder should make this return. }
(Signature) O. J. Sturgeon (Attending physician, midwife, householder,*)
Given or christian name added from a supplemental report 191 Address
Filed Jan 16 1916 B. S. Joy LOCAL REGISTRAR.
A True Copy B. S. Joy
Filed Feb 5 1916 B. S. Joy COUNTY REGISTRAR.
COUNTY REGISTRAR.